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PTO/SB/01(12/97)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION	ON FOR UTILITY OR	Attorney Docket	Number	PC11014AGLK					
ı	DESIGN	First Named Inve	First Named Inventor Thomas A. Vendola						
PATENT	APPLICATION		COMPLETE IF KNOWN						
(37	CFR 1.63)	Application Num	ber	To be assigned					
Declaration	Declaration Submitted after Ini	Filing Date		Herewith					
with Initial Filing	Filing (surcharge 37 CFR 1.16 (e))	Group Art Unit		To be assigned					
_	required)	Examiner Name		To be assigned					
My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: PHARMACEUTICAL DOSAGE FORMS WITH ENHANCED COHESIVE AND COMPRESSIBILITY (Title of the Invention) the specification of which is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Applicati Number(s)	on Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO					
:									
☐ Additional foreign app	lication numbers are listed on	a supplemental priority data sh	eet PTO/SB/02B a	ttached hereto:					

Application Number(s)

60/264,378

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B sheet attached hereto.

Filing Date (MM/DD/YYYY)

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

01/26/2001



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	DECLARATION Utility or Design Patent Application												
	I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 U.S.C. 1.56, which became available between the filing date of the prior application and the national or PCT International filing date of this application.												
	U.S. Parent Application Number or PCT Parent Number				Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)				
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Ļ	Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent												
					(s) to pro	(s) to prosecute this application and to transact a			t an bus	Place Customer			
and Trademark Office connected therewith:			_	Customer Number or						Number Bar Code Label here			
ŀ					ered practitione	er(s) nam	e/registrati	on numb			— т		
l		Name		i	Registration Number	1	Name				Registration Number		
4	Peter C. Richar Paul H. Ginsbu				27,526 28,718			ence C. / ean Olso					28,587 31,185
1	J. Trevor Lumb	, ັ			28,567		Merv	in E. Bro	kke				32,723
	James T. Jone Gregg C. Bens				30,561 30,997			ie M. Fe n C. Zieli					33,688 34,462
1	Robert F. Shey	/ka			31,304		Robe	rt T. Ror	nau				36,257
ı	Grover F. Fulle Karen DeBene				31,760 32,977			nothy Cr L. Koller					39,156 37,371
	Lorraine B. Lin				35,251		Joler	e W. Ap	pleman				35,428
	Garth Butterfiel Carl J. Goddan				36,997 39,203			na L. Ko H. Jacol			37,864 32,140		
I	Raymond M. S	peer			26,810			na A. Ga			- 1		31,820 36,647
	Jennifer A. Kis Israel Nissenba	er A. Kispert 40,049 Nissenbaum 27,582				Gregory P. Raymer E. Victor Donahue				35,492			
4	Deborah A. Ma	artin			44,222			M. Criss			- 1		37,807 42,208
	A. David Joran Elsa Djuardi	ı			37,858 45,963			F. Waldn in G. Loc		41,406			
g	Gabriel L. Kleir				40,681		Jeffr	y N. My	ers	41,213			
1	Arlene K. Muss Donna R. Gros			37,895 47,284			Michelle A. Sherwood Martha G. Munchhof				36,271 47,811		
-	Allen J. Spiegel		25,749			Rayr	nond D.	Thomps	on	1		30,695	
1	Robert T. Bark				41,597	tored Dre	atition or In	formation	o choot l	DTO/SR/0	2C attac	hed heret	
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to:													
ŀ	Name												
ł	Address		0.10011		_			~					
ŀ		Pfizer Inc.	ortmont MC 4:	150 Easter	Point Pond								
ı	City	Address Patent Department, MS 4159, Eastern Poil City Groton St			State CT			Zip Code 063		06340	10		
	Country United States Of America		Т	Telephone		1-(860)-441-4901		Fax		1-(860)-441-5221			
	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.												
İ	Name of Sole or First Inventor: A petition has been filed for this unsigned inventor												
		Given Name (first and middle [if any]) Family Name or Surname											
	Thomas A.												
Inventor's Signature			a C. Vera							Date 1/25/200			
١	Residence:	Residence: City Norwich State CT Country USA Citizenship United States						United States					
	Post Office Address 33 Wightman Avenue												
	Post Office Address 235 East 42 nd Street												
	City		New York	State		Zip	1001		Cou		USA		
Į	Additio	Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.											